Pratt HOMES

CHANGE ORDER

No: _____

Date: AUG 8 2008

Purchaser IAN AND SUSAN WEATHERALL **Telephone #:** _____

Lot # 93 **Plan #** 514-822 **Model** HERON

Item # 1	PRICE
OMIT MEDICINE CABINET ✓	#1 Total N/C
Item #2	
	#2 Total _____
Item #3	
	#3 Total _____
Item #4	
	#4 Total _____
GRAND TOTAL PAID	N/C

This form represents a request from the Purchaser(s) to Pratt Homes to install the above noted extras/upgrades with the following terms and conditions;

1. In the event the work on the property has progressed beyond the point where, at the sole discretion of the Builder, the items covered by this extra cannot be installed without entailing any unusual or extra expense, then this "Change Order" is to be cancelled and any monies paid in connection with same shall be refunded to the purchaser.
2. The Builder will undertake to incorporate the work covered by the above noted extra/upgrade in the construction of the property, but will not be held liable to the purchaser(s) in any way, if for any reason the work is not carried out. In that event, any monies paid in connection with same shall be returned to the purchaser.
3. It is understood and agreed that if for any reason whatsoever, the transaction of Purchase and Sale is not completed, the total cost of extras/upgrades ordered are not refundable to the purchaser(s).
4. **Full payment must be attached to this Change Order before submitting.**
5. **Extras or Upgrades or Changes will not be processed until signed by the Builder.**

DATED AT BARRIE THIS 9TH DAY OF AUGUST 20 08.

WITNESS _____ PURCHASER _____

WITNESS _____ PURCHASER _____

Accepted; DATED AT BARRIE THIS 11 DAY OF AUGUST 20 08.

PRATT HANSEN GROUP INC.

PER: _____

AUG 1 1 2008

CCE-93